

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/668075

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41						
42						
43						
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54	1											
55												
56												
57												
58												
59												
60	1											
61												
62												
63												
64												
65	1											
66												
67												
68												
69												
70												
71												
72												
73												
74												
75	1											
76												
77												
78												
79												
80												
81	1											
82												
83												
84												
85												
86	1											
87	1											
88												
89												
90												
91												
92												
93		2										
94		⊕										
95		⊕										
96		⊕										
97												
98												
99												
100												
TOTAL IND.	7											
TOTAL DEP.	45											
TOTAL CLAIMS	52											

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
105		1				
106		1				
107		1				
108		1				
109		1				
110		11				
111		11				
112		6				
113		6				
114		6				
115		6				
116		5				
117		5				
118		4				
119		4				
120		1				
121		2				
122		①				
23						
24						
25						
26						
27						
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32						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	77					
TOTAL CLAIMS						

	* IND. * DEP.		* IND. * DEP.		* IND. * DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						